

PRE-APPLICATION REVIEW FOR MODIFICATIONS

ZONING TYPE OF MODIFICATION: ADMINISTRATIVE As indicated, the following letters are required at the time of filing: Adjacent Property Owners: ____ Homeowner's Association: ____ Traffic Engineer: ____ Arborist: ____ Other: ____ Property Address:______ Tax PIN(s): _____ Zoning/Use Permit Petition No. ______ Acreage: _____ Land Lot(s):______ District:_____ Council District: Condition(s) to be modified: Applicant: _____ Fax: Phone: _____ Fax: ____ Representative: Phone: _____ Fax: ____ Email: Applicant's Intent:

CONCURRENT VARIANC	CE(S):		
Article/Section:	Request:		
Article/Section:	Request:		
	Request:		
		_	
	Request:		
Topo Map Required?	AT THE FOLLOWING	MEETINGS:	
ATTENDANCE IS REQUIRED	AT THE FOLLOWING	VIEETINGS.	
any condition to the above zoni my knowledge, this pre-applica	ing or use permit that is t ation review is correct an I am responsible for filir	e City Council may add, delete, or otherw the subject of this modification request. To d complete. If additional variances are de ng an appeal as specified by Article XXII o	the best of termined to
Applicant:		Date:	
Planner:		Date:	